

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

KEEP THE PROMISE I

ADDRESS (number and street)

2 ROOSEVELT AVENUE

☐ Check if different than previously reported. (ACC)

PORT JEFFERSON STA

NY

11776

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00575373

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☒ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer JACQUELYN JAMES

Signature of Treasurer

JACQUELYN JAMES

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

KEEP THE PROMISE I

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
07 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2015		0.00
(b) Cash on Hand at Beginning of Reporting Period.....	10470926.10	
(c) Total Receipts (from Line 19)	29654.40	11036750.40
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	10500580.50	11036750.40
7. Total Disbursements (from Line 31)	3005592.81	3541762.71
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	7494987.69	7494987.69
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	4000.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

KEEP THE PROMISE I

Report Covering the Period:

From:

M M M	/	D D D	/	Y Y Y Y Y
07	/	01	/	2015

To:

M M M	/	D D D	/	Y Y Y Y Y
12	/	31	/	2015

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

0.00

0.00

(ii) Unitemized

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

0.00

0.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

0.00

0.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

29654.40

11036750.40

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)) ▶

29654.40

11036750.40

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

29654.40

11036750.40

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	1807023.46	1807023.46
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	1198569.35	1734739.25
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	3005592.81	3541762.71
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3005592.81	3541762.71

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	0.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	0.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 6 OF 98
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
KEEP THE PROMISE I

Full Name (Last, First, Middle Initial)

A. FRED ALGER

Mailing Address 6 VIA VIZCAYA

City	State	Zip Code
PALM BEACH	FL	33480

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2015

Transaction ID : SA17.5038

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. GALE ALGER

Mailing Address 6 VIA VIZCAYA

City	State	Zip Code
PALM BEACH	FL	33480

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2015

Transaction ID : SA17.5040

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. CHASE BANK

Mailing Address PO BOX 65974

City	State	Zip Code
SAN ANTONIO	TX	78265

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2755.17

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : SA17.5025

Amount of Each Receipt this Period

859.17

INTEREST INCOME

SUBTOTAL of Receipts This Page (optional)..... ►

20859.17

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)
KEEP THE PROMISE I

Full Name (Last, First, Middle Initial)

A. CHASE BANK

Mailing Address PO BOX 65974

City State Zip Code
 SAN ANTONIO TX 78265

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3569.94

Date of Receipt

08 / 31 / 2015

Transaction ID : SA17.5026

Amount of Each Receipt this Period

814.77

INTEREST INCOME

Full Name (Last, First, Middle Initial)

B. CHASE BANK

Mailing Address PO BOX 65974

City State Zip Code
 SAN ANTONIO TX 78265

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4328.23

Date of Receipt

09 / 30 / 2015

Transaction ID : SA17.5027

Amount of Each Receipt this Period

758.29

INTEREST INCOME

Full Name (Last, First, Middle Initial)

C. CHASE BANK

Mailing Address PO BOX 65974

City State Zip Code
 SAN ANTONIO TX 78265

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4926.84

Date of Receipt

10 / 31 / 2015

Transaction ID : SA17.5028

Amount of Each Receipt this Period

598.61

INTEREST INCOME

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2171.67

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 98
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)
KEEP THE PROMISE I

Full Name (Last, First, Middle Initial)

A. CHASE BANK

Mailing Address PO BOX 65974

City State Zip Code
 SAN ANTONIO TX 78265

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5463.73

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 30 / 2015

Transaction ID : SA17.5029

Amount of Each Receipt this Period

536.89

INTEREST INCOME

Full Name (Last, First, Middle Initial)

B. CHASE BANK

Mailing Address PO BOX 65974

City State Zip Code
 SAN ANTONIO TX 78265

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5950.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 30 / 2015

Transaction ID : SA17.5042

Amount of Each Receipt this Period

486.67

INTEREST INCOME

Full Name (Last, First, Middle Initial)

C. BRADLEY CLOVEN

Mailing Address 817 NORTH SHERIDAN AVE.

City State Zip Code
 TACOMA WA 98403

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

110 CONSULTING

SOFTWARE

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 03 / 2015

Transaction ID : SA17.4932

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2023.56

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)
KEEP THE PROMISE I

Full Name (Last, First, Middle Initial) A. RAFAEL GOMEZ		Date of Receipt M M / D D / Y Y Y Y Y 08 / 08 / 2015 Transaction ID : SA17.4879	
Mailing Address 1222 MOLOKAI ROAD		Amount of Each Receipt this Period 250.00	
City JACKSONVILLE	State FL	Zip Code 32216	CONTRIBUTION
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) B. TOBY NEUGEBAUER		Date of Receipt M M / D D / Y Y Y Y Y 07 / 08 / 2015 Transaction ID : SA17.4587	
Mailing Address 2210 DORADO BEACH DRIVE		Amount of Each Receipt this Period 1000.00	
City DORADO	State PR	Zip Code 00646	CONTRIBUTION
FEC ID number of contributing federal political committee. C			
Name of Employer SELF EMPLOYED	Occupation INVESTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		
Full Name (Last, First, Middle Initial) C. PETER NEUMANN		Date of Receipt M M / D D / Y Y Y Y Y 10 / 31 / 2015 Transaction ID : SA17.4908	
Mailing Address 7009 SHEPHERDS GLEN		Amount of Each Receipt this Period 500.00	
City Colleyville	State TX	Zip Code 76034	CONTRIBUTION
FEC ID number of contributing federal political committee. C			
Name of Employer ARAMCO SERVICES COMPANY	Occupation PETROLEUM ENGINEER		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
SUBTOTAL of Receipts This Page (optional).....		1750.00	
TOTAL This Period (last page this line number only).....		26804.40	

	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

NAME OF COMMITTEE (In Full)
KEEP THE PROMISE I

A. AMERICAN AIRLINES

Mailing Address PO BOX 619616
DFW AIRPORT

City	State	Zip Code
DALLAS	TX	75261

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement



Transaction ID : SB29.4946

Amount of Each Disbursement this Period

1626.10

B. AMERICAN AIRLINES

Mailing Address PO BOX 619616
DFW AIRPORT

City	State	Zip Code
DALLAS	TX	75261

Purpose of Disbursement	TRAVEL
-------------------------	--------

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

08 / 07 / 2015

Transaction ID : SB29.4948

Amount of Each Disbursement this Period

Age Group	Percentage
18-24	22.5
25-34	23.5
35-44	19.5
45-54	17.5
55-64	15.5
65-74	13.5
75-84	11.5
85+	9.5

C. AMERICAN AIRLINES

Mailing Address PO BOX 619616
DFW AIRPORT

City	State	Zip Code
DALLAS	TX	75261

Purpose of Disbursement	TRAVEL
-------------------------	--------

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB29.4949

Amount of Each Disbursement this Period

856.20

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

2507.30

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

KEEP THE PROMISE I

Full Name (Last, First, Middle Initial)

A. ANEDOT

Mailing Address PO BOX 84314

City	State	Zip Code
BATON ROUGE	LA	70884

Purpose of Disbursement
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SB29.4938

Amount of Each Disbursement this Period

203.52

Full Name (Last, First, Middle Initial)

B. ARLINGTON YELLOW CAB

Mailing Address 3251 WASHINGTON BLVD

City	State	Zip Code
ARLINGTON	VA	22201

Purpose of Disbursement
TRANSPORTATION SERVICES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	03	/	2015

Transaction ID : SB29.5024

Amount of Each Disbursement this Period

227.10

Full Name (Last, First, Middle Initial)

C. ARLINGTON YELLOW CAB

Mailing Address 3251 WASHINGTON BLVD

City	State	Zip Code
ARLINGTON	VA	22201

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	30	/	2015

Transaction ID : SB29.4950

Amount of Each Disbursement this Period

19.08

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

449.70

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

KEEP THE PROMISE I

Full Name (Last, First, Middle Initial)

A. BRACEWELL & GIULIANI LLP

Mailing Address PO BOX 848566

City	State	Zip Code
DALLAS	TX	75284

Purpose of Disbursement
LEGAL & COMPLIANCE SERVICES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2015

Transaction ID : SB29.4589

Amount of Each Disbursement this Period

48884.62

Full Name (Last, First, Middle Initial)

B. BRACEWELL & GIULIANI LLP

Mailing Address PO BOX 848566

City	State	Zip Code
DALLAS	TX	75284

Purpose of Disbursement
LEGAL & COMPLIANCE SERVICES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2015

Transaction ID : SB29.4590

Amount of Each Disbursement this Period

86015.42

Full Name (Last, First, Middle Initial)

C. BRACEWELL & GIULIANI LLP

Mailing Address PO BOX 848566

City	State	Zip Code
DALLAS	TX	75284

Purpose of Disbursement
LEGAL & COMPLIANCE SERVICES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2015

Transaction ID : SB29.4591

Amount of Each Disbursement this Period

31020.86

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

165920.90

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 98

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

KEEP THE PROMISE I

Full Name (Last, First, Middle Initial)

A. BRACEWELL & GIULIANI LLP

Mailing Address PO BOX 848566

City	State	Zip Code
DALLAS	TX	75284

Purpose of Disbursement
LEGAL & COMPLIANCE SERVICES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		23		2015

Transaction ID : SB29.4592

Amount of Each Disbursement this Period

32911.95

Full Name (Last, First, Middle Initial)

B. BRACEWELL & GIULIANI LLP

Mailing Address PO BOX 848566

City	State	Zip Code
DALLAS	TX	75284

Purpose of Disbursement
LEGAL & COMPLIANCE SERVICES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		16		2015

Transaction ID : SB29.4593

Amount of Each Disbursement this Period

42555.22

Full Name (Last, First, Middle Initial)

C. BREITBART NEWS NETWORK LLCMailing Address 8363 WILSHIRE BLVD
STE 1000

City	State	Zip Code
BEVERLY HILLS	CA	90211

Purpose of Disbursement
LIST PURCHASE EXPENSE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		25		2015

Transaction ID : SB29.4594

Amount of Each Disbursement this Period

109341.25

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

184808.42

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

KEEP THE PROMISE I

Full Name (Last, First, Middle Initial)

A. CAMBRIDGE ANALYTICA LLCMailing Address 8383 WILSHIRE BLVD
STE 1000

City BEVERLY HILLS State CA Zip Code 90211

Purpose of Disbursement
MEDIA - PREPAID

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2015

Transaction ID : SB29.5034

Amount of Each Disbursement this Period

118208.54

Full Name (Last, First, Middle Initial)

B. COMPLIANCE CONSULTING LLC

Mailing Address PO BOX 365

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2015

Transaction ID : SB29.4596

Amount of Each Disbursement this Period

1375.00

Full Name (Last, First, Middle Initial)

C. SHAWN DIETZ

Mailing Address 720 CENTRAL AVENUE EAST

City HAMPTON State IA Zip Code 50441

Purpose of Disbursement
VOTER CONTACT SERVICES/MILEAGE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : SB29.4612

Amount of Each Disbursement this Period

1233.57

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

120817.11

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 98

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

KEEP THE PROMISE I

Full Name (Last, First, Middle Initial)

A. SHAWN DIETZ

Mailing Address 720 CENTRAL AVENUE EAST

City
HAMPTONState
IAZip Code
50441Purpose of Disbursement
VOTER CONTACT SERVICES/MILEAGE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		09		2015

Transaction ID : SB29.4614

Amount of Each Disbursement this Period

3701.45

Full Name (Last, First, Middle Initial)

B. GLITTERING STEEL LLCMailing Address 8383 WILSHIRE BLVD
STE 1000City
BEVERLY HILLSState
CAZip Code
90211Purpose of Disbursement
VIDEO PRODUCTION - PREPAID

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		04		2015

Transaction ID : SB29.5035

Amount of Each Disbursement this Period

132276.00

Full Name (Last, First, Middle Initial)

C. KRISTINA HERNANDEZ

Mailing Address 332 CRESTHAVEN PLACE

City
SIMPSONVILLEState
SCZip Code
29681Purpose of Disbursement
MEDIA CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		11		2015

Transaction ID : SB29.4581

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

140977.45

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 98

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

KEEP THE PROMISE I

Full Name (Last, First, Middle Initial)

A. KRISTINA HERNANDEZ

Mailing Address 332 CRESTHAVEN PLACE

City	State	Zip Code
SIMPSONVILLE	SC	29681

Purpose of Disbursement
MEDIA CONSULTING

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2015

Transaction ID : SB29.4583

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. KRISTINA HERNANDEZ

Mailing Address 332 CRESTHAVEN PLACE

City	State	Zip Code
SIMPSONVILLE	SC	29681

Purpose of Disbursement
MEDIA CONSULTING

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	06	/	2015

Transaction ID : SB29.4584

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. KRISTINA HERNANDEZ

Mailing Address 332 CRESTHAVEN PLACE

City	State	Zip Code
SIMPSONVILLE	SC	29681

Purpose of Disbursement
MEDIA CONSULTING

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : SB29.4585

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

KEEP THE PROMISE I

Full Name (Last, First, Middle Initial)

A. KRISTINA HERNANDEZ

Mailing Address 332 CRESTHAVEN PLACE

City	State	Zip Code
SIMPSONVILLE	SC	29681

Purpose of Disbursement
MEDIA CONSULTING

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		09		2015

Transaction ID : SB29.4586

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. INSOURCECODE LLCMailing Address 8606 ALLISONVILLE ROAD
STE 260

City	State	Zip Code
INDIANAPOLIS	IN	46250

Purpose of Disbursement
WEB SERVICES

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		04		2015

Transaction ID : SB29.4579

Amount of Each Disbursement this Period

499.00

Full Name (Last, First, Middle Initial)

C. INSOURCECODE LLCMailing Address 8606 ALLISONVILLE ROAD
STE 260

City	State	Zip Code
INDIANAPOLIS	IN	46250

Purpose of Disbursement
WEB SERVICES

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2015

Transaction ID : SB29.4599

Amount of Each Disbursement this Period

5998.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

11497.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

KEEP THE PROMISE I

Full Name (Last, First, Middle Initial)

A. INSOURCECODE LLCMailing Address 8606 ALLISONVILLE ROAD
STE 260

City INDIANAPOLIS State IN Zip Code 46250

Purpose of Disbursement
WEB SERVICES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2015

Transaction ID : SB29.4980

Amount of Each Disbursement this Period

499.00

Full Name (Last, First, Middle Initial)

B. INSOURCECODE LLCMailing Address 8606 ALLISONVILLE ROAD
STE 260

City INDIANAPOLIS State IN Zip Code 46250

Purpose of Disbursement
WEB SERVICES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		03		2015

Transaction ID : SB29.4981

Amount of Each Disbursement this Period

499.00

Full Name (Last, First, Middle Initial)

C. KIKU ALPINE

Mailing Address 385 US ROUTE 9W

City ALPINE State NJ Zip Code 07620

Purpose of Disbursement
FOOD & BEVERAGE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2015

Transaction ID : SB29.4982

Amount of Each Disbursement this Period

284.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1282.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 98

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

KEEP THE PROMISE I

Full Name (Last, First, Middle Initial)

A. JEFF KING

Mailing Address 508 CENTER ST

City	State	Zip Code
WALL LAKE	IA	51466

Purpose of Disbursement
VOTER CONTACT SERVICES/MILEAGE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2015

Transaction ID : SB29.4619

Amount of Each Disbursement this Period

6808.22

Full Name (Last, First, Middle Initial)

B. JEFF KING

Mailing Address 508 CENTER ST

City	State	Zip Code
WALL LAKE	IA	51466

Purpose of Disbursement
VOTER CONTACT SERVICES/MILEAGE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		06		2015

Transaction ID : SB29.4621

Amount of Each Disbursement this Period

5070.21

Full Name (Last, First, Middle Initial)

C. JEFF KING

Mailing Address 508 CENTER ST

City	State	Zip Code
WALL LAKE	IA	51466

Purpose of Disbursement
VOTER CONTACT SERVICES/MILEAGE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		10		2015

Transaction ID : SB29.4622

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

16878.43

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 98

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

KEEP THE PROMISE I

Full Name (Last, First, Middle Initial)

A. JEFF KING

Mailing Address 508 CENTER ST

City
WALL LAKEState
IAZip Code
51466Purpose of Disbursement
VOTER CONTACT SERVICES/MILEAGE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		09		2015

Transaction ID : SB29.4623

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. JEFF KING

Mailing Address 508 CENTER ST

City
WALL LAKEState
IAZip Code
51466Purpose of Disbursement
MILEAGE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		16		2015

Transaction ID : SB29.4624

Amount of Each Disbursement this Period

155.54

Full Name (Last, First, Middle Initial)

C. ERIK LARSEN

Mailing Address 2210 NEBRASKA STREET

City
SIOUX CITYState
IAZip Code
51104Purpose of Disbursement
VOTER CONTACT SERVICES/MILEAGE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		09		2015

Transaction ID : SB29.4617

Amount of Each Disbursement this Period

1778.56

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6934.10

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	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

NAME OF COMMITTEE (In Full)
KEEP THE PROMISE I

A. MAIL CHIMP

Category/
Type

400.00

State: District:

B. MAIL CHIMP

Category/
Type

375.00

State: District:

C. MAIL CHIMP

Category/
Type

375.00

State: District:

1150.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 23 OF 98

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

KEEP THE PROMISE I

Full Name (Last, First, Middle Initial)

A. OC TAXIMailing Address 14252 CULVER DRIVE
A545

City IRVINE State CA Zip Code 92604

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		04		2015

Transaction ID : SB29.4999

Amount of Each Disbursement this Period

232.00

Full Name (Last, First, Middle Initial)

B. REPUBLICAN PARTY OF IOWA

Mailing Address 621 E. 9TH STREET

City DES MOINES State IA Zip Code 50309

Purpose of Disbursement
LIST PURCHASE EXPENSE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2015

Transaction ID : SB29.4940

Amount of Each Disbursement this Period

40000.00

Full Name (Last, First, Middle Initial)

C. ST. REGIS HOTEL

Mailing Address ONE MONARCH BEACH RESORT

City DANA POINT State CA Zip Code 92629

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2015

Transaction ID : SB29.5011

Amount of Each Disbursement this Period

963.30

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

41195.30

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 24 OF 98

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

KEEP THE PROMISE I

Full Name (Last, First, Middle Initial)

A. CHAD STEENHOEK

Mailing Address 3892 N. 500TH AVENUE

City
AMESState
IAZip Code
50014Purpose of Disbursement
VOTER CONTACT SERVICES/MILEAGE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2015

Transaction ID : SB29.4615

Amount of Each Disbursement this Period

1	3	9	4	.	3	3
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. THE POLLING COMPANYMailing Address 400 NORTH CAPITOL STREET NW
STE 790City
WASHINGTONState
DCZip Code
20001Purpose of Disbursement
OTHER DISB - POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	05	/	2015

Transaction ID : SB29.4570

Amount of Each Disbursement this Period

2	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. THE POLLING COMPANYMailing Address 400 NORTH CAPITOL STREET NW
STE 790City
WASHINGTONState
DCZip Code
20001Purpose of Disbursement
OTHER DISB - SURVEY RESEARCH SVCS

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	04	/	2015

Transaction ID : SB29.4571

Amount of Each Disbursement this Period

5	7	7	1	5	.	0
---	---	---	---	---	---	---

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7	9	1	0	9	.	3
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 25 OF 98

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

KEEP THE PROMISE I

Full Name (Last, First, Middle Initial)

A. THE POLLING COMPANYMailing Address 400 NORTH CAPITOL STREET NW
STE 790

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
OTHER DISB - POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		07		2015

Transaction ID : SB29.4572

Amount of Each Disbursement this Period

20000.00

Full Name (Last, First, Middle Initial)

B. THE POLLING COMPANYMailing Address 400 NORTH CAPITOL STREET NW
STE 790

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
OTHER DISB - TRAVEL EXPENSE REIMB.

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		07		2015

Transaction ID : SB29.4573

Amount of Each Disbursement this Period

317.04

Full Name (Last, First, Middle Initial)

C. THE POLLING COMPANYMailing Address 400 NORTH CAPITOL STREET NW
STE 790

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
OTHER DISB - TRAVEL EXPENSE REIMB.

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		07		2015

Transaction ID : SB29.4574

Amount of Each Disbursement this Period

923.10

SUBTOTAL of Disbursements This Page (optional)..... ►

21240.14

TOTAL This Period (last page this line number only)..... ►

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 26 OF 98

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

KEEP THE PROMISE I

Full Name (Last, First, Middle Initial)

A. THE POLLING COMPANYMailing Address 400 NORTH CAPITOL STREET NW
STE 790

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
OTHER DISB - SURVEY RESEARCH SVCS

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		03		2015

Transaction ID : SB29.4575

Amount of Each Disbursement this Period

16175.00

Full Name (Last, First, Middle Initial)

B. THE POLLING COMPANYMailing Address 400 NORTH CAPITOL STREET NW
STE 790

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
OTHER DISB - SURVEY RESEARCH SVCS

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2015

Transaction ID : SB29.4576

Amount of Each Disbursement this Period

32977.00

Full Name (Last, First, Middle Initial)

C. THE POLLING COMPANYMailing Address 400 NORTH CAPITOL STREET NW
STE 790

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
OTHER DISB - SURVEY RESEARCH SVCS

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2015

Transaction ID : SB29.4603

Amount of Each Disbursement this Period

32977.00

SUBTOTAL of Disbursements This Page (optional)..... ►

82129.00

TOTAL This Period (last page this line number only)..... ►

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 27 OF 98

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

KEEP THE PROMISE I

Full Name (Last, First, Middle Initial)

A. THE POLLING COMPANYMailing Address 400 NORTH CAPITOL STREET NW
STE 790

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
OTHER DISB - SURVEY RESEARCH SVCS

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2015

Transaction ID : SB29.4604

Amount of Each Disbursement this Period

32977.00

Full Name (Last, First, Middle Initial)

B. THE POLLING COMPANYMailing Address 400 NORTH CAPITOL STREET NW
STE 790

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
OTHER DISB - POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2015

Transaction ID : SB29.4605

Amount of Each Disbursement this Period

20000.00

Full Name (Last, First, Middle Initial)

C. THE POLLING COMPANYMailing Address 400 NORTH CAPITOL STREET NW
STE 790

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
OTHER DISB - SURVEY RESEARCH SVCS

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2015

Transaction ID : SB29.4606

Amount of Each Disbursement this Period

95634.00

SUBTOTAL of Disbursements This Page (optional).....▶

148611.00

TOTAL This Period (last page this line number only).....▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 28 OF 98

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

KEEP THE PROMISE I

Full Name (Last, First, Middle Initial)

A. THE POLLING COMPANYMailing Address 400 NORTH CAPITOL STREET NW
STE 790

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
OTHER DISB - SURVEY RESEARCH SVCS

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2015

Transaction ID : SB29.4607

Amount of Each Disbursement this Period

58174.00

Full Name (Last, First, Middle Initial)

B. THE POLLING COMPANYMailing Address 400 NORTH CAPITOL STREET NW
STE 790

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
OTHER DISB - POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		06		2015

Transaction ID : SB29.4608

Amount of Each Disbursement this Period

20000.00

Full Name (Last, First, Middle Initial)

C. THE POLLING COMPANYMailing Address 400 NORTH CAPITOL STREET NW
STE 790

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
OTHER DISB - POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		06		2015

Transaction ID : SB29.4609

Amount of Each Disbursement this Period

20000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

98174.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 29 OF 98

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

KEEP THE PROMISE I

Full Name (Last, First, Middle Initial)

A. THE POLLING COMPANYMailing Address 400 NORTH CAPITOL STREET NW
STE 790

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
OTHER DISB - SURVEY RESEARCH SVCS

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : SB29.4611

Amount of Each Disbursement this Period

4600.00

Full Name (Last, First, Middle Initial)

B. THE POLLING COMPANYMailing Address 400 NORTH CAPITOL STREET NW
STE 790

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
OTHER DISB - POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2015

Transaction ID : SB29.4610

Amount of Each Disbursement this Period

20000.00

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1455 MARKET STREET

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : SB29.5018

Amount of Each Disbursement this Period

501.10

SUBTOTAL of Disbursements This Page (optional)..... ►

25101.10

TOTAL This Period (last page this line number only)..... ►

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 30 OF 98

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

KEEP THE PROMISE I

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1455 MARKET STREET

City	State	Zip Code
SAN FRANCISCO	CA	94103

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2015

Transaction ID : SB29.5020

Amount of Each Disbursement this Period

391.35

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 1455 MARKET STREET

City	State	Zip Code
SAN FRANCISCO	CA	94103

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2015

Transaction ID : SB29.5021

Amount of Each Disbursement this Period

249.13

Full Name (Last, First, Middle Initial)

C. VOCUS

Mailing Address 12051 INDIAN CREEK COURT

City	State	Zip Code
BELTSVILLE	MD	20705

Purpose of Disbursement
DATA MANAGEMENT SERVICES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		03		2015

Transaction ID : SB29.4577

Amount of Each Disbursement this Period

3801.88

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4442.36

1197028.27

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 31 OF 98

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
KEEP THE PROMISE I

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

THE MONACO GROUP

Nature of Debt (Purpose):

DIRECT MAIL EXPENSE - DISPUTED

Mailing Address 1011 S. LINWOOD AVENUE

City State

Zip Code

SANTA ANA

CA

92705

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5037

Amount Incurred This Period

4000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

4000.00

2) **TOTALS** This Period (last page this line number only)..... ►

4000.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

4000.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 32 OF 98
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I		FEC IDENTIFICATION NUMBER ▼ C C00575373
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee CAMBRIDGE ANALYTICA LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 18 / 2015
Mailing Address 8383 WILSHIRE BLVD STE 1000		Amount 7237.04
City BEVERLY HILLS	State CA	Zip Code 90211
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE.4322 Date of Disbursement or Obligation MM / DD / YYYY 11 / 18 / 2015
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		Office Sought: <input checked="" type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 73711.12		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee CAMBRIDGE ANALYTICA LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 12 / 2015
Mailing Address 8383 WILSHIRE BLVD STE 1000		Amount 8156.20
City BEVERLY HILLS	State CA	Zip Code 90211
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE.4326 Date of Disbursement or Obligation MM / DD / YYYY 12 / 10 / 2015
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 170524.32		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	15393.24
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

JACQUELYN JAMES

[Electronically Filed]

Signature

Date

MM / DD / YYYY
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 33 OF 98
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I		FEC IDENTIFICATION NUMBER ▼ C C00575373
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee CAMBRIDGE ANALYTICA LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 12 / 2015
Mailing Address 8383 WILSHIRE BLVD STE 1000		Amount 6670.52
City BEVERLY HILLS	State CA	Zip Code 90211
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE.4327 Date of Disbursement or Obligation MM / DD / YYYY 12 / 10 / 2015
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		Office Sought: <input checked="" type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 177194.84		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee CAMBRIDGE ANALYTICA LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 14 / 2015
Mailing Address 8383 WILSHIRE BLVD STE 1000		Amount 15881.00
City BEVERLY HILLS	State CA	Zip Code 90211
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE.4331 Date of Disbursement or Obligation MM / DD / YYYY 12 / 10 / 2015
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought 253900.08		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	22551.52
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

JACQUELYN JAMES

[Electronically Filed]

Signature

Date

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01 / 31 / 2016

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I		FEC IDENTIFICATION NUMBER ▼ C C00575373
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee CAMBRIDGE ANALYTICA LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 12 / 2015
Mailing Address 8383 WILSHIRE BLVD STE 1000		Amount 1001.28
City BEVERLY HILLS	State CA	Zip Code 90211
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE.4333 Date of Disbursement or Obligation MM / DD / YYYY 12 / 10 / 2015
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		Office Sought: <input checked="" type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 178196.12		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee CAMBRIDGE ANALYTICA LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 14 / 2015
Mailing Address 8383 WILSHIRE BLVD STE 1000		Amount 11496.00
City BEVERLY HILLS	State CA	Zip Code 90211
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE.4335 Date of Disbursement or Obligation MM / DD / YYYY 12 / 10 / 2015
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought 265396.08		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	12497.28
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

JACQUELYN JAMES

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Date

MM / DD / YYYY
01 / 31 / 2016

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SE
Transaction ID : SE.4333

Advertising period extended; corrected total to disclose final expense.

Form/Schedule: SE
Transaction ID: SE.4335

Advertising period extended; corrected total to disclose final expense.

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NAME OF COMMITTEE (In Full) KEEP THE PROMISE I		FEC IDENTIFICATION NUMBER ▼ C C00575373
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee CAMBRIDGE ANALYTICA LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 21 / 2015
Mailing Address 8383 WILSHIRE BLVD STE 1000		Amount 4938.92
City BEVERLY HILLS	State CA	Zip Code 90211
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE.4338 Date of Disbursement or Obligation MM / DD / YYYY 12 / 10 / 2015
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		Office Sought: <input checked="" type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 183135.04		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee CAMBRIDGE ANALYTICA LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 21 / 2015
Mailing Address 8383 WILSHIRE BLVD STE 1000		Amount 6297.06
City BEVERLY HILLS	State CA	Zip Code 90211
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE.4346 Date of Disbursement or Obligation MM / DD / YYYY 12 / 10 / 2015
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought 277943.14		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	11235.98
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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01 / 31 / 2016

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NAME OF COMMITTEE (In Full) KEEP THE PROMISE I		FEC IDENTIFICATION NUMBER ▼ C C00575373	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee CAMBRIDGE ANALYTICA LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 12 / 26 / 2015	
Mailing Address 8383 WILSHIRE BLVD STE 1000		Amount 11702.00	
City BEVERLY HILLS	State CA	Zip Code 90211	Transaction ID : SE.4349
Purpose of Expenditure MEDIA	Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 12 / 10 / 2015	
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate		District: 00 State: SC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
289645.14			
Full Name of Payee CAMBRIDGE ANALYTICA LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 12 / 27 / 2015	
Mailing Address 8383 WILSHIRE BLVD STE 1000		Amount 2645.00	
City BEVERLY HILLS	State CA	Zip Code 90211	Transaction ID : SE.4350
Purpose of Expenditure MEDIA	Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 12 / 10 / 2015	
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate		District: 00 State: SC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
292290.14			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		14347.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature JACQUELYN JAMES		Date M M M / D D D / Y Y Y Y Y Y 01 / 31 / 2016	
		[Electronically Filed]	

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NAME OF COMMITTEE (In Full) KEEP THE PROMISE I		FEC IDENTIFICATION NUMBER ▼ C C00575373
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee CAMBRIDGE ANALYTICA LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 29 / 2015
Mailing Address 8383 WILSHIRE BLVD STE 1000		Amount 13775.37
City BEVERLY HILLS	State CA	Zip Code 90211
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE.4355 Date of Disbursement or Obligation MM / DD / YYYY 12 / 10 / 2015
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		Office Sought: <input checked="" type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 203160.41		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee CAMBRIDGE ANALYTICA LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 30 / 2015
Mailing Address 8383 WILSHIRE BLVD STE 1000		Amount 11947.94
City BEVERLY HILLS	State CA	Zip Code 90211
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE.4358 Date of Disbursement or Obligation MM / DD / YYYY 12 / 10 / 2015
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought 304238.08		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	25723.31
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

JACQUELYN JAMES

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NAME OF COMMITTEE (In Full) KEEP THE PROMISE I		FEC IDENTIFICATION NUMBER ▼ C C00575373
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee CAMBRIDGE ANALYTICA LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 04 / 2016
Mailing Address 8383 WILSHIRE BLVD STE 1000		Amount 5569.00
City BEVERLY HILLS	State CA	Zip Code 90211
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE.4369 Date of Disbursement or Obligation MM / DD / YYYY 12 / 10 / 2015
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		Office Sought: <input checked="" type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 208729.41		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee CAMBRIDGE ANALYTICA LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 04 / 2016
Mailing Address 8383 WILSHIRE BLVD STE 1000		Amount 1144.00
City BEVERLY HILLS	State CA	Zip Code 90211
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE.4370 Date of Disbursement or Obligation MM / DD / YYYY 12 / 10 / 2015
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought 305382.08		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	6713.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

JACQUELYN JAMES

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01 / 31 / 2016

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NAME OF COMMITTEE (In Full) KEEP THE PROMISE I		FEC IDENTIFICATION NUMBER ▼ C C00575373
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee CAMBRIDGE ANALYTICA LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 04 / 2016
Mailing Address 8383 WILSHIRE BLVD STE 1000		Amount 8650.75
City BEVERLY HILLS	State CA	Zip Code 90211
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE.4371 Date of Disbursement or Obligation MM / DD / YYYY 12 / 10 / 2015
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		Office Sought: <input checked="" type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought 44782.83		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee CAMBRIDGE ANALYTICA LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 04 / 2016
Mailing Address 8383 WILSHIRE BLVD STE 1000		Amount 2220.75
City BEVERLY HILLS	State CA	Zip Code 90211
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE.4372 Date of Disbursement or Obligation MM / DD / YYYY 12 / 10 / 2015
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 38352.83		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	10871.50
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

JACQUELYN JAMES

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Date

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NAME OF COMMITTEE (In Full) KEEP THE PROMISE I		FEC IDENTIFICATION NUMBER ▼ C C00575373
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee CAMBRIDGE ANALYTICA LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 05 / 2016
Mailing Address 8383 WILSHIRE BLVD STE 1000		Amount 1272.00
City BEVERLY HILLS	State CA	Zip Code 90211
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE.4386 Date of Disbursement or Obligation MM / DD / YYYY 12 / 10 / 2015
Name of Federal Candidate MARCO RUBIO		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought 306654.08		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee CAMBRIDGE ANALYTICA LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 05 / 2016
Mailing Address 8383 WILSHIRE BLVD STE 1000		Amount 924.00
City BEVERLY HILLS	State CA	Zip Code 90211
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE.4387 Date of Disbursement or Obligation MM / DD / YYYY 12 / 10 / 2015
Name of Federal Candidate MARCO RUBIO		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 209653.41		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2196.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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01 / 31 / 2016

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I			FEC IDENTIFICATION NUMBER ▼ C C00575373	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee CAMBRIDGE ANALYTICA LLC			Date of Public Distribution/Dissemination 01 / 06 / 2016	
Mailing Address 8383 WILSHIRE BLVD STE 1000			Amount 5927.33	
City BEVERLY HILLS		State CA	Zip Code 90211	
Purpose of Expenditure MEDIA		Category/ Type 	Transaction ID : SE.4400 Date of Disbursement or Obligation 12 / 10 / 2015	
Name of Federal Candidate MARCO RUBIO		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>	
Calendar Year-To-Date Per Election for Office Sought 215580.74		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee CAMBRIDGE ANALYTICA LLC			Date of Public Distribution/Dissemination 01 / 07 / 2016	
Mailing Address 8383 WILSHIRE BLVD STE 1000			Amount 2125.00	
City BEVERLY HILLS		State CA	Zip Code 90211	
Purpose of Expenditure MEDIA		Category/ Type 	Transaction ID : SE.4401 Date of Disbursement or Obligation 12 / 10 / 2015	
Name of Federal Candidate MARCO RUBIO		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>	
Calendar Year-To-Date Per Election for Office Sought 217705.74		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			8052.33	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
JACQUELYN JAMES		[Electronically Filed]		Date 01 / 31 / 2016
Signature				

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NAME OF COMMITTEE (In Full) KEEP THE PROMISE I		FEC IDENTIFICATION NUMBER ▼ C C00575373
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee CAMBRIDGE ANALYTICA LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 08 / 2016
Mailing Address 8383 WILSHIRE BLVD STE 1000		Amount 11767.50
City BEVERLY HILLS	State CA	Zip Code 90211
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE.4402 Date of Disbursement or Obligation MM / DD / YYYY 12 / 10 / 2015
Name of Federal Candidate MARCO RUBIO		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 229473.24		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee CAMBRIDGE ANALYTICA LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 09 / 2016
Mailing Address 8383 WILSHIRE BLVD STE 1000		Amount 3028.00
City BEVERLY HILLS	State CA	Zip Code 90211
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE.4403 Date of Disbursement or Obligation MM / DD / YYYY 12 / 10 / 2015
Name of Federal Candidate MARCO RUBIO		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 232501.24		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	14795.50
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

JACQUELYN JAMES

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Date

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NAME OF COMMITTEE (In Full) KEEP THE PROMISE I		FEC IDENTIFICATION NUMBER ▼ C C00575373
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee CAMBRIDGE ANALYTICA LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 06 / 2016
Mailing Address 8383 WILSHIRE BLVD STE 1000		Amount 4531.33
City BEVERLY HILLS	State CA	Zip Code 90211
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE.4408 Date of Disbursement or Obligation MM / DD / YYYY 12 / 10 / 2015
Name of Federal Candidate MARCO RUBIO		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought 311185.41		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee CAMBRIDGE ANALYTICA LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 07 / 2016
Mailing Address 8383 WILSHIRE BLVD STE 1000		Amount 2887.00
City BEVERLY HILLS	State CA	Zip Code 90211
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE.4409 Date of Disbursement or Obligation MM / DD / YYYY 12 / 10 / 2015
Name of Federal Candidate MARCO RUBIO		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought 314072.41		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	7418.33
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

JACQUELYN JAMES

[Electronically Filed]

Signature

Date

MM / DD / YYYY
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 45 OF 98
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00575373</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>					
Full Name of Payee CAMBRIDGE ANALYTICA LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 01 / 08 / 2016		
Mailing Address 8383 WILSHIRE BLVD STE 1000			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div> 7889.50		
City BEVERLY HILLS		State CA	Zip Code 90211		Transaction ID : SE.4410
Purpose of Expenditure MEDIA		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 60px;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 12 / 10 / 2015	
Name of Federal Candidate MARCO RUBIO			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>SC</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div> 321961.91			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee CAMBRIDGE ANALYTICA LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 01 / 09 / 2016		
Mailing Address 8383 WILSHIRE BLVD STE 1000			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div> 6743.00		
City BEVERLY HILLS		State CA	Zip Code 90211		Transaction ID : SE.4411
Purpose of Expenditure MEDIA		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 60px;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 12 / 10 / 2015	
Name of Federal Candidate MARCO RUBIO			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>SC</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div> 328704.91			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div> 14632.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature JACQUELYN JAMES			Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 01 / 31 / 2016		[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I		FEC IDENTIFICATION NUMBER ▼ C C00575373
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee CAMBRIDGE ANALYTICA LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 06 / 2016
Mailing Address 8383 WILSHIRE BLVD STE 1000		Amount 1854.33
City BEVERLY HILLS	State CA	Zip Code 90211
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE.4417 Date of Disbursement or Obligation MM / DD / YYYY 12 / 10 / 2015
Name of Federal Candidate MARCO RUBIO		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC
Calendar Year-To-Date Per Election for Office Sought 14956.41		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee CAMBRIDGE ANALYTICA LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 10 / 2016
Mailing Address 8383 WILSHIRE BLVD STE 1000		Amount 2450.00
City BEVERLY HILLS	State CA	Zip Code 90211
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE.4419 Date of Disbursement or Obligation MM / DD / YYYY 12 / 10 / 2015
Name of Federal Candidate MARCO RUBIO		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 234951.24		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	4304.33
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

JACQUELYN JAMES
Signature

[Electronically Filed]

Date **01 / 31 / 2016**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I		FEC IDENTIFICATION NUMBER ▼ C C00575373
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee CAMBRIDGE ANALYTICA LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 11 / 2016
Mailing Address 8383 WILSHIRE BLVD STE 1000		Amount 8937.50
City BEVERLY HILLS	State CA	Zip Code 90211
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE.4420 Date of Disbursement or Obligation MM / DD / YYYY 12 / 10 / 2015
Name of Federal Candidate MARCO RUBIO		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 243888.74		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee CAMBRIDGE ANALYTICA LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 12 / 2016
Mailing Address 8383 WILSHIRE BLVD STE 1000		Amount 1932.50
City BEVERLY HILLS	State CA	Zip Code 90211
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE.4421 Date of Disbursement or Obligation MM / DD / YYYY 12 / 10 / 2015
Name of Federal Candidate MARCO RUBIO		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 245821.24		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	10870.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

JACQUELYN JAMES
Signature

[Electronically Filed]

Date MM / DD / YYYY
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 48 OF 98
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I		FEC IDENTIFICATION NUMBER ▼ C C00575373
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee CAMBRIDGE ANALYTICA LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 10 / 2016
Mailing Address 8383 WILSHIRE BLVD STE 1000		Amount 5034.00
City BEVERLY HILLS	State CA	Zip Code 90211
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE.4425 Date of Disbursement or Obligation MM / DD / YYYY 12 / 10 / 2015
Name of Federal Candidate MARCO RUBIO		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought 333738.91		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee CAMBRIDGE ANALYTICA LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 11 / 2016
Mailing Address 8383 WILSHIRE BLVD STE 1000		Amount 15505.50
City BEVERLY HILLS	State CA	Zip Code 90211
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE.4426 Date of Disbursement or Obligation MM / DD / YYYY 12 / 10 / 2015
Name of Federal Candidate MARCO RUBIO		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought 349244.41		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	20539.50
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

JACQUELYN JAMES

[Electronically Filed]

Date

MM / DD / YYYY
01 / 31 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 49 OF 98
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I			FEC IDENTIFICATION NUMBER ▼ C C00575373		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee CAMBRIDGE ANALYTICA LLC			Date of Public Distribution/Dissemination 01 / 12 / 2016		
Mailing Address 8383 WILSHIRE BLVD STE 1000			Amount 4555.50		
City BEVERLY HILLS	State CA	Zip Code 90211	Transaction ID : SE.4427		
Purpose of Expenditure MEDIA		Category/Type 	Date of Disbursement or Obligation 12 / 10 / 2015		
Name of Federal Candidate MARCO RUBIO		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>SC</u>		
Calendar Year-To-Date Per Election for Office Sought		353799.91	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee CAMBRIDGE ANALYTICA LLC			Date of Public Distribution/Dissemination 01 / 13 / 2016		
Mailing Address 8383 WILSHIRE BLVD STE 1000			Amount 294.00		
City BEVERLY HILLS	State CA	Zip Code 90211	Transaction ID : SE.4432		
Purpose of Expenditure MEDIA		Category/Type 	Date of Disbursement or Obligation 12 / 10 / 2015		
Name of Federal Candidate MARCO RUBIO		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>		
Calendar Year-To-Date Per Election for Office Sought		246115.24	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			4849.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature JACQUELYN JAMES		[Electronically Filed]		Date 01 / 31 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 50 OF 98
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00575373</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>			
Full Name of Payee CAMBRIDGE ANALYTICA LLC		Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 01 / 14 / 2016	
Mailing Address 8383 WILSHIRE BLVD STE 1000		Amount <div style="border-bottom: 1px solid black; width: 100%;"></div> 1283.00	
City BEVERLY HILLS	State CA	Zip Code 90211	Transaction ID : SE.4433 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 12 / 10 / 2015
Purpose of Expenditure MEDIA		Category/ Type <div style="border-bottom: 1px solid black; width: 60px;"></div>	
Name of Federal Candidate MARCO RUBIO		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border-bottom: 1px solid black; width: 150px;"></div> 247398.24		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee CAMBRIDGE ANALYTICA LLC		Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 01 / 14 / 2016	
Mailing Address 8383 WILSHIRE BLVD STE 1000		Amount <div style="border-bottom: 1px solid black; width: 100%;"></div> 317.00	
City BEVERLY HILLS	State CA	Zip Code 90211	Transaction ID : SE.4434 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 12 / 10 / 2015
Purpose of Expenditure MEDIA		Category/ Type <div style="border-bottom: 1px solid black; width: 60px;"></div>	
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border-bottom: 1px solid black; width: 150px;"></div> 247715.24		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border-bottom: 1px solid black; width: 100%;"></div> 1600.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border-bottom: 1px solid black; width: 100%;"></div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border-bottom: 1px solid black; width: 100%;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature JACQUELYN JAMES		Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 01 / 31 / 2016	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 51 OF 98
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I		FEC IDENTIFICATION NUMBER ▼ C C00575373	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee CAMBRIDGE ANALYTICA LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 13 / 2016	
Mailing Address 8383 WILSHIRE BLVD STE 1000		Amount 1007.00	
City BEVERLY HILLS	State CA	Zip Code 90211	Transaction ID : SE.4439
Purpose of Expenditure MEDIA	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 12 / 10 / 2015	
Name of Federal Candidate MARCO RUBIO		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC	
Calendar Year-To-Date Per Election for Office Sought 354806.91		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee CAMBRIDGE ANALYTICA LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 14 / 2016	
Mailing Address 8383 WILSHIRE BLVD STE 1000		Amount 4045.00	
City BEVERLY HILLS	State CA	Zip Code 90211	Transaction ID : SE.4440
Purpose of Expenditure MEDIA	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 12 / 10 / 2015	
Name of Federal Candidate MARCO RUBIO		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC	
Calendar Year-To-Date Per Election for Office Sought 358851.91		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		5052.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
JACQUELYN JAMES Signature		[Electronically Filed] Date MM / DD / YYYY 01 / 31 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 52 OF 98
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I		FEC IDENTIFICATION NUMBER ▼ C C00575373
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee CAMBRIDGE ANALYTICA LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 14 / 2016
Mailing Address 8383 WILSHIRE BLVD STE 1000		Amount 846.00
City BEVERLY HILLS	State CA	Zip Code 90211
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE.4441 Date of Disbursement or Obligation MM / DD / YYYY 12 / 10 / 2015
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		Office Sought: <input checked="" type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought 359697.91		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee CAMBRIDGE ANALYTICA LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 15 / 2016
Mailing Address 8383 WILSHIRE BLVD STE 1000		Amount 1578.57
City BEVERLY HILLS	State CA	Zip Code 90211
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE.4464 Date of Disbursement or Obligation MM / DD / YYYY 12 / 10 / 2015
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 249293.81		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2424.57
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

JACQUELYN JAMES

[Electronically Filed]

Signature

Date

MM / DD / YYYY
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 53 OF 98
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I		FEC IDENTIFICATION NUMBER ▼ C C00575373
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee CAMBRIDGE ANALYTICA LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 15 / 2016
Mailing Address 8383 WILSHIRE BLVD STE 1000		Amount 4111.26
City BEVERLY HILLS	State CA	Zip Code 90211
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE.4465 Date of Disbursement or Obligation MM / DD / YYYY 12 / 10 / 2015
Name of Federal Candidate MARCO RUBIO		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 253405.07		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee CAMBRIDGE ANALYTICA LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 15 / 2016
Mailing Address 8383 WILSHIRE BLVD STE 1000		Amount 2485.67
City BEVERLY HILLS	State CA	Zip Code 90211
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE.4469 Date of Disbursement or Obligation MM / DD / YYYY 12 / 10 / 2015
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought 362183.58		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	6596.93
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

JACQUELYN JAMES

[Electronically Filed]

Signature

Date

MM / DD / YYYY
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 54 OF 98
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I			FEC IDENTIFICATION NUMBER ▼ C C00575373	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee CAMBRIDGE ANALYTICA LLC			Date of Public Distribution/Dissemination 01 / 15 / 2016	
Mailing Address 8383 WILSHIRE BLVD STE 1000			Amount 8449.14	
City BEVERLY HILLS		State CA	Zip Code 90211	
Purpose of Expenditure MEDIA		Category/ Type 	Transaction ID : SE.4470 Date of Disbursement or Obligation 12 / 10 / 2015	
Name of Federal Candidate MARCO RUBIO		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>SC</u>	
Calendar Year-To-Date Per Election for Office Sought		370632.72		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee CAMBRIDGE ANALYTICA LLC			Date of Public Distribution/Dissemination 01 / 16 / 2016	
Mailing Address 8383 WILSHIRE BLVD STE 1000			Amount 2538.00	
City BEVERLY HILLS		State CA	Zip Code 90211	
Purpose of Expenditure MEDIA		Category/ Type 	Transaction ID : SE.4474 Date of Disbursement or Obligation 12 / 10 / 2015	
Name of Federal Candidate MARCO RUBIO		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>	
Calendar Year-To-Date Per Election for Office Sought		255943.07		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			10987.14	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			 	
(c) TOTAL Independent Expenditures..... ▶			 	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
JACQUELYN JAMES		[Electronically Filed]		Date 01 / 31 / 2016
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 55 OF 98
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I		FEC IDENTIFICATION NUMBER ▼ C C00575373
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee CAMBRIDGE ANALYTICA LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 16 / 2016
Mailing Address 8383 WILSHIRE BLVD STE 1000		Amount 3175.00
City BEVERLY HILLS	State CA	Zip Code 90211
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE.4477 Date of Disbursement or Obligation MM / DD / YYYY 12 / 10 / 2015
Name of Federal Candidate MARCO RUBIO		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought 373807.72		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee CAMBRIDGE ANALYTICA LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 17 / 2016
Mailing Address 8383 WILSHIRE BLVD STE 1000		Amount 3000.00
City BEVERLY HILLS	State CA	Zip Code 90211
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE.4480 Date of Disbursement or Obligation MM / DD / YYYY 12 / 10 / 2015
Name of Federal Candidate MARCO RUBIO		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 258943.07		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	6175.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

JACQUELYN JAMES

[Electronically Filed]

Date

MM / DD / YYYY
01 / 31 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I		FEC IDENTIFICATION NUMBER ▼ C C00575373
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee CAMBRIDGE ANALYTICA LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 17 / 2016
Mailing Address 8383 WILSHIRE BLVD STE 1000		Amount 5965.00
City BEVERLY HILLS	State CA	Zip Code 90211
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE.4483 Date of Disbursement or Obligation MM / DD / YYYY 12 / 10 / 2015
Name of Federal Candidate MARCO RUBIO		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought 379772.72		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee GLITTERING STEEL LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 03 / 2015
Mailing Address 8383 WILSHIRE BLVD STE 1000		Amount 45000.00
City BEVERLY HILLS	State CA	Zip Code 90211
Purpose of Expenditure VIDEO PRODUCTION	Category/Type	Transaction ID : SE.4124 Date of Disbursement or Obligation MM / DD / YYYY 07 / 17 / 2015
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 45000.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	50965.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

JACQUELYN JAMES
Signature

[Electronically Filed] Date MM / DD / YYYY
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 57 OF 98
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00575373</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee GLITTERING STEEL LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">08 / 03 / 2015</div>		
Mailing Address 8383 WILSHIRE BLVD STE 1000			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">25000.00</div>		
City BEVERLY HILLS		State CA	Zip Code 90211		Transaction ID : SE.4127
Purpose of Expenditure VIDEO PRODUCTION		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">07 / 17 / 2015</div>	
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: <u>00</u> State: _____		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">25000.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee GLITTERING STEEL LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">08 / 25 / 2015</div>		
Mailing Address 8383 WILSHIRE BLVD STE 1000			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">78660.00</div>		
City BEVERLY HILLS		State CA	Zip Code 90211		Transaction ID : SE.4158
Purpose of Expenditure VIDEO PRODUCTION		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">07 / 17 / 2015</div>	
Name of Federal Candidate HILLARY RODHAM CLINTON			Office Sought: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">103660.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">103660.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature JACQUELYN JAMES			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 31 / 2016</div>		
[Electronically Filed]					

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Form/Schedule: SE

Transaction ID : SE.4127

The independent expenditures reported represent national media/advertising purchases and are not related to a particular state primary election. Accordingly, and after discussion with the Reports Analysis Division, the committee has indicated the non state specific nature of the expenditures by marking the 'General' box on the reporting form.

Form/Schedule: SE

Transaction ID: SE.4158

The independent expenditures reported represent national media/advertising purchases and are not related to a particular state primary election. Accordingly, and after discussion with the Reports Analysis Division, the committee has indicated the non state specific nature of the expenditures by marking the 'General' box on the reporting form.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I		FEC IDENTIFICATION NUMBER ▼ C C00575373
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee GLITTERING STEEL LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 07 / 2015
Mailing Address 8383 WILSHIRE BLVD STE 1000		Amount 15000.00
City BEVERLY HILLS	State CA	Zip Code 90211
Purpose of Expenditure VIDEO PRODUCTION	Category/Type	Transaction ID : SE.4150 Date of Disbursement or Obligation MM / DD / YYYY 08 / 07 / 2015
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		Office Sought: <input checked="" type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
		118660.00

Full Name of Payee GLITTERING STEEL LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 25 / 2015
Mailing Address 8383 WILSHIRE BLVD STE 1000		Amount 1000.00
City BEVERLY HILLS	State CA	Zip Code 90211
Purpose of Expenditure VIDEO PRODUCTION	Category/Type	Transaction ID : SE.4156 Date of Disbursement or Obligation MM / DD / YYYY 08 / 07 / 2015
Name of Federal Candidate HILLARY RODHAM CLINTON		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
		119660.00

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	16000.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

JACQUELYN JAMES

[Electronically Filed]

Date

MM / DD / YYYY
01 / 31 / 2016

Signature

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Form/Schedule: SE

Transaction ID : SE.4150

The independent expenditures reported represent national media/advertising purchases and are not related to a particular state primary election. Accordingly, and after discussion with the Reports Analysis Division, the committee has indicated the non state specific nature of the expenditures by marking the 'General' box on the reporting form.

Form/Schedule: SE

Transaction ID: SE.4156

The independent expenditures reported represent national media/advertising purchases and are not related to a particular state primary election. Accordingly, and after discussion with the Reports Analysis Division, the committee has indicated the non state specific nature of the expenditures by marking the 'General' box on the reporting form.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 61 OF 98
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I		FEC IDENTIFICATION NUMBER ▼ C C00575373	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee GLITTERING STEEL LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 12 / 2015	
Mailing Address 8383 WILSHIRE BLVD STE 1000		Amount 17500.00	
City BEVERLY HILLS	State CA	Zip Code 90211	Transaction ID : SE.4163
Purpose of Expenditure VIDEO PRODUCTION		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 12 / 2015
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		170660.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
Full Name of Payee NOSTROMO FILMS INC.		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 12 / 2015	
Mailing Address 709 LORRAINE DRIVE		Amount 7500.00	
City SOUTHLAKE	State TX	Zip Code 76092	Transaction ID : SE.4166
Purpose of Expenditure VIDEO PRODUCTION		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 03 / 2015
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		127160.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		25000.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature JACQUELYN JAMES		Date M M M / D D D / Y Y Y Y Y Y 01 / 31 / 2016	
		[Electronically Filed]	

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Form/Schedule: SE

Transaction ID : SE.4163

The independent expenditures reported represent national media/advertising purchases and are not related to a particular state primary election. Accordingly, and after discussion with the Reports Analysis Division, the committee has indicated the non state specific nature of the expenditures by marking the 'General' box on the reporting form.

Form/Schedule: SE

Transaction ID: SE.4166

The independent expenditures reported represent national media/advertising purchases and are not related to a particular state primary election. Accordingly, and after discussion with the Reports Analysis Division, the committee has indicated the non state specific nature of the expenditures by marking the 'General' box on the reporting form.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00575373 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee NOSTROMO FILMS INC.		Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>12</div><div>07</div><div>2015</div></div>	
Mailing Address 709 LORRAINE DRIVE		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">12500.00</div>	
City SOUTHLAKE	State TX	Zip Code 76092	Transaction ID : SE.4307
Purpose of Expenditure MEDIA	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>10</div><div>29</div><div>2015</div></div>	
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">66474.08</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee NOSTROMO FILMS INC.		Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>12</div><div>21</div><div>2015</div></div>	
Mailing Address 709 LORRAINE DRIVE		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">6250.00</div>	
City SOUTHLAKE	State TX	Zip Code 76092	Transaction ID : SE.4340
Purpose of Expenditure MEDIA	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>12</div><div>10</div><div>2015</div></div>	
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">189385.04</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">18750.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

JACQUELYN JAMES

[Electronically Filed]

Signature

Date

 MM / DD / YYYY

01

31

2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 64 OF 98
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00575373</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div>	
Full Name of Payee NOSTROMO FILMS INC.		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div> 12 / 21 / 2015	
Mailing Address 709 LORRAINE DRIVE		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">6250.00</div>	
City SOUTHLAKE	State TX	Zip Code 76092	Transaction ID : SE.4344 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div> 12 / 10 / 2015
Purpose of Expenditure MEDIA		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">271646.08</div> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee RIGEL STRATEGIES LLC		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div> 09 / 28 / 2015	
Mailing Address 3948 LEGACY DRIVE STE 106-282		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">251860.00</div>	
City PLANO	State TX	Zip Code 75023	Transaction ID : SE.4176 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div> 09 / 24 / 2015
Purpose of Expenditure MEDIA		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">422520.00</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;">258110.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature JACQUELYN JAMES		Date [Electronically Filed] <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 31 / 2016	

: 97 'A -G79 @G B9CI G'H9LH'F9 @G H98 'HC '5 'F9DCFHŽG7 <98I @ 'CF 'H9A -N5 HCB
.

Form/Schedule: SE

Transaction ID : SE.4176

The independent expenditures reported represent national media/advertising purchases and are not related to a particular state primary election. Accordingly, and after discussion with the Reports Analysis Division, the committee has indicated the non state specific nature of the expenditures by marking the 'General' box on the reporting form.

Form/Schedule:

Transaction ID:

SCHEDULE E (FEC Form 3X)
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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I		FEC IDENTIFICATION NUMBER ▼ C C00575373	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee RIGEL STRATEGIES LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2015	
Mailing Address 3948 LEGACY DRIVE STE 106-282		Amount 40872.00	
City PLANO	State TX	Zip Code 75023	Transaction ID : SE.4189
Purpose of Expenditure MEDIA		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 13 / 2015
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 40872.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee RIGEL STRATEGIES LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2015	
Mailing Address 3948 LEGACY DRIVE STE 106-282		Amount 41214.00	
City PLANO	State TX	Zip Code 75023	Transaction ID : SE.4190
Purpose of Expenditure MEDIA		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 13 / 2015
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought 41214.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		82086.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
JACQUELYN JAMES Signature		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 01 / 31 / 2016	

SCHEDULE E (FEC Form 3X)
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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I		FEC IDENTIFICATION NUMBER ▼ C C00575373	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee RIGEL STRATEGIES LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2015	
Mailing Address 3948 LEGACY DRIVE STE 106-282		Amount 13102.08	
City PLANO	State TX	Zip Code 75023	Transaction ID : SE.4198
Purpose of Expenditure MEDIA	Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 13 / 2015	
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AL</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee RIGEL STRATEGIES LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2015	
Mailing Address 3948 LEGACY DRIVE STE 106-282		Amount 13102.08	
City PLANO	State TX	Zip Code 75023	Transaction ID : SE.4200
Purpose of Expenditure MEDIA	Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 13 / 2015	
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AK</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		26204.16	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
JACQUELYN JAMES		[Electronically Filed]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 01 / 31 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 68 OF 98
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I		FEC IDENTIFICATION NUMBER ▼ C C00575373
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee RIGEL STRATEGIES LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2015
Mailing Address 3948 LEGACY DRIVE STE 106-282		Amount 13102.08
City PLANO	State TX	Zip Code 75023
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE.4202 Date of Disbursement or Obligation MM / DD / YYYY 10 / 13 / 2015
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		Office Sought: <input checked="" type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought 13102.08		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee RIGEL STRATEGIES LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2015
Mailing Address 3948 LEGACY DRIVE STE 106-282		Amount 13102.08
City PLANO	State TX	Zip Code 75023
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE.4204 Date of Disbursement or Obligation MM / DD / YYYY 10 / 13 / 2015
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 13102.08		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	26204.16
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

JACQUELYN JAMES

[Electronically Filed]

Signature

Date

MM / DD / YYYY
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 69 OF 98
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I		FEC IDENTIFICATION NUMBER ▼ C C00575373	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee RIGEL STRATEGIES LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2015	
Mailing Address 3948 LEGACY DRIVE STE 106-282		Amount 13102.08	
City PLANO	State TX	Zip Code 75023	Transaction ID : SE.4206
Purpose of Expenditure MEDIA	Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 13 / 2015	
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee RIGEL STRATEGIES LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2015	
Mailing Address 3948 LEGACY DRIVE STE 106-282		Amount 13102.08	
City PLANO	State TX	Zip Code 75023	Transaction ID : SE.4209
Purpose of Expenditure MEDIA	Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 13 / 2015	
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CO</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		26204.16	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
JACQUELYN JAMES		[Electronically Filed]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 01 / 31 / 2016	

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 70 OF 98
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I		FEC IDENTIFICATION NUMBER ▼ C C00575373
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee RIGEL STRATEGIES LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2015
Mailing Address 3948 LEGACY DRIVE STE 106-282		Amount 13102.08
City PLANO	State TX	Zip Code 75023
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE.4211 Date of Disbursement or Obligation MM / DD / YYYY 10 / 13 / 2015
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		Office Sought: <input checked="" type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CT
Calendar Year-To-Date Per Election for Office Sought 13102.08		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee RIGEL STRATEGIES LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2015
Mailing Address 3948 LEGACY DRIVE STE 106-282		Amount 13102.08
City PLANO	State TX	Zip Code 75023
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE.4213 Date of Disbursement or Obligation MM / DD / YYYY 10 / 13 / 2015
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DE
Calendar Year-To-Date Per Election for Office Sought 13102.08		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	26204.16
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

JACQUELYN JAMES

[Electronically Filed]

Signature

Date

MM / DD / YYYY
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 71 OF 98
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I		FEC IDENTIFICATION NUMBER ▼ C C00575373	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee RIGEL STRATEGIES LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2015	
Mailing Address 3948 LEGACY DRIVE STE 106-282		Amount 13102.08	
City PLANO	State TX	Zip Code 75023	Transaction ID : SE.4215
Purpose of Expenditure MEDIA		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 13 / 2015
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DC</u>
Calendar Year-To-Date Per Election for Office Sought		13102.08	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee RIGEL STRATEGIES LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2015	
Mailing Address 3948 LEGACY DRIVE STE 106-282		Amount 13102.08	
City PLANO	State TX	Zip Code 75023	Transaction ID : SE.4217
Purpose of Expenditure MEDIA		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 13 / 2015
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought		13102.08	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....		26204.16	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures.....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
JACQUELYN JAMES		[Electronically Filed]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 01 / 31 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 72 OF 98
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I		FEC IDENTIFICATION NUMBER ▼ C C00575373
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee RIGEL STRATEGIES LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2015
Mailing Address 3948 LEGACY DRIVE STE 106-282		Amount 13102.08
City PLANO	State TX	Zip Code 75023
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE.4219 Date of Disbursement or Obligation MM / DD / YYYY 10 / 13 / 2015
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		Office Sought: <input checked="" type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: GA
Calendar Year-To-Date Per Election for Office Sought 13102.08		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee RIGEL STRATEGIES LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2015
Mailing Address 3948 LEGACY DRIVE STE 106-282		Amount 13102.08
City PLANO	State TX	Zip Code 75023
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE.4221 Date of Disbursement or Obligation MM / DD / YYYY 10 / 13 / 2015
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: HI
Calendar Year-To-Date Per Election for Office Sought 13102.08		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	26204.16
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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JACQUELYN JAMES

[Electronically Filed]

Signature

Date

MM / DD / YYYY
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 73 OF 98
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I		FEC IDENTIFICATION NUMBER ▼ C C00575373
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee RIGEL STRATEGIES LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2015
Mailing Address 3948 LEGACY DRIVE STE 106-282		Amount 13102.08
City PLANO	State TX	Zip Code 75023
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE.4223 Date of Disbursement or Obligation MM / DD / YYYY 10 / 13 / 2015
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		Office Sought: <input checked="" type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ID
Calendar Year-To-Date Per Election for Office Sought 13102.08		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee RIGEL STRATEGIES LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2015
Mailing Address 3948 LEGACY DRIVE STE 106-282		Amount 13102.08
City PLANO	State TX	Zip Code 75023
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE.4225 Date of Disbursement or Obligation MM / DD / YYYY 10 / 13 / 2015
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IL
Calendar Year-To-Date Per Election for Office Sought 13102.08		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	26204.16
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

JACQUELYN JAMES

[Electronically Filed]

Signature

Date

MM / DD / YYYY
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 74 OF 98
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I		FEC IDENTIFICATION NUMBER ▼ C C00575373	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee RIGEL STRATEGIES LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2015	
Mailing Address 3948 LEGACY DRIVE STE 106-282		Amount 13102.08	
City PLANO	State TX	Zip Code 75023	Transaction ID : SE.4227
Purpose of Expenditure MEDIA	Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 13 / 2015	
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IN</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee RIGEL STRATEGIES LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2015	
Mailing Address 3948 LEGACY DRIVE STE 106-282		Amount 13102.08	
City PLANO	State TX	Zip Code 75023	Transaction ID : SE.4229
Purpose of Expenditure MEDIA	Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 13 / 2015	
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		26204.16	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures.....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
JACQUELYN JAMES		[Electronically Filed]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 01 / 31 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 75 OF 98
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I		FEC IDENTIFICATION NUMBER ▼ C C00575373
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee RIGEL STRATEGIES LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2015
Mailing Address 3948 LEGACY DRIVE STE 106-282		Amount 13102.08
City PLANO	State TX	Zip Code 75023
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE.4231 Date of Disbursement or Obligation MM / DD / YYYY 10 / 13 / 2015
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		Office Sought: <input checked="" type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 13102.08		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee RIGEL STRATEGIES LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2015
Mailing Address 3948 LEGACY DRIVE STE 106-282		Amount 13102.08
City PLANO	State TX	Zip Code 75023
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE.4233 Date of Disbursement or Obligation MM / DD / YYYY 10 / 13 / 2015
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: KY
Calendar Year-To-Date Per Election for Office Sought 13102.08		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	26204.16
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

JACQUELYN JAMES

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Signature

Date

MM / DD / YYYY
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 76 OF 98
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I		FEC IDENTIFICATION NUMBER ▼ C C00575373
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee RIGEL STRATEGIES LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2015
Mailing Address 3948 LEGACY DRIVE STE 106-282		Amount 13102.08
City PLANO	State TX	Zip Code 75023
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE.4235 Date of Disbursement or Obligation MM / DD / YYYY 10 / 13 / 2015
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		Office Sought: <input checked="" type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 13102.08		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee RIGEL STRATEGIES LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2015
Mailing Address 3948 LEGACY DRIVE STE 106-282		Amount 13102.08
City PLANO	State TX	Zip Code 75023
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE.4237 Date of Disbursement or Obligation MM / DD / YYYY 10 / 13 / 2015
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ME
Calendar Year-To-Date Per Election for Office Sought 13102.08		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	26204.16
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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JACQUELYN JAMES

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Signature

Date

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01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00575373 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee RIGEL STRATEGIES LLC			Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>10</div><div>26</div><div>2015</div></div>	
Mailing Address 3948 LEGACY DRIVE STE 106-282			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">13102.08</div>	
City PLANO	State TX	Zip Code 75023	Transaction ID : SE.4239	
Purpose of Expenditure MEDIA		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>10</div><div>13</div><div>2015</div></div>	
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ			<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MD	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee RIGEL STRATEGIES LLC			Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>10</div><div>26</div><div>2015</div></div>	
Mailing Address 3948 LEGACY DRIVE STE 106-282			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">13102.08</div>	
City PLANO	State TX	Zip Code 75023	Transaction ID : SE.4241	
Purpose of Expenditure MEDIA		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>10</div><div>13</div><div>2015</div></div>	
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ			<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MA	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">26204.16</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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JACQUELYN JAMES

[Electronically Filed]

Date

 MM / DD / YYYY
 01 / 31 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 78 OF 98
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I		FEC IDENTIFICATION NUMBER ▼ C C00575373
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee RIGEL STRATEGIES LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2015
Mailing Address 3948 LEGACY DRIVE STE 106-282		Amount 13102.08
City PLANO	State TX	Zip Code 75023
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE.4243 Date of Disbursement or Obligation MM / DD / YYYY 10 / 13 / 2015
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		Office Sought: <input checked="" type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought 13102.08		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee RIGEL STRATEGIES LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2015
Mailing Address 3948 LEGACY DRIVE STE 106-282		Amount 13102.08
City PLANO	State TX	Zip Code 75023
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE.4245 Date of Disbursement or Obligation MM / DD / YYYY 10 / 13 / 2015
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MN
Calendar Year-To-Date Per Election for Office Sought 13102.08		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	26204.16
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Signature

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01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 79 OF 98
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I		FEC IDENTIFICATION NUMBER ▼ C C00575373
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee RIGEL STRATEGIES LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2015
Mailing Address 3948 LEGACY DRIVE STE 106-282		Amount 13102.08
City PLANO	State TX	Zip Code 75023
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE.4247 Date of Disbursement or Obligation MM / DD / YYYY 10 / 13 / 2015
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		Office Sought: <input checked="" type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MS
Calendar Year-To-Date Per Election for Office Sought 13102.08		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee RIGEL STRATEGIES LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2015
Mailing Address 3948 LEGACY DRIVE STE 106-282		Amount 13102.08
City PLANO	State TX	Zip Code 75023
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE.4249 Date of Disbursement or Obligation MM / DD / YYYY 10 / 13 / 2015
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MO
Calendar Year-To-Date Per Election for Office Sought 13102.08		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	26204.16
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Date

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01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 80 OF 98
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I		FEC IDENTIFICATION NUMBER ▼ C C00575373
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee RIGEL STRATEGIES LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2015
Mailing Address 3948 LEGACY DRIVE STE 106-282		Amount 13102.08
City PLANO	State TX	Zip Code 75023
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE.4251 Date of Disbursement or Obligation MM / DD / YYYY 10 / 13 / 2015
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		Office Sought: <input checked="" type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MT
Calendar Year-To-Date Per Election for Office Sought 13102.08		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee RIGEL STRATEGIES LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2015
Mailing Address 3948 LEGACY DRIVE STE 106-282		Amount 13102.08
City PLANO	State TX	Zip Code 75023
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE.4253 Date of Disbursement or Obligation MM / DD / YYYY 10 / 13 / 2015
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NE
Calendar Year-To-Date Per Election for Office Sought 13102.08		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	26204.16
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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[Electronically Filed]

Signature

Date

MM / DD / YYYY
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 81 OF 98
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I	FEC IDENTIFICATION NUMBER ▼ C C00575373
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee RIGEL STRATEGIES LLC		Date of Public Distribution/Dissemination 10 / 26 / 2015	
Mailing Address 3948 LEGACY DRIVE STE 106-282		Amount 13102.08	
City PLANO	State TX	Zip Code 75023	Transaction ID : SE.4255
Purpose of Expenditure MEDIA	Category/ Type 	Date of Disbursement or Obligation 10 / 13 / 2015	
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought 13102.08		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee RIGEL STRATEGIES LLC		Date of Public Distribution/Dissemination 10 / 26 / 2015	
Mailing Address 3948 LEGACY DRIVE STE 106-282		Amount 13102.08	
City PLANO	State TX	Zip Code 75023	Transaction ID : SE.4257
Purpose of Expenditure MEDIA	Category/ Type 	Date of Disbursement or Obligation 10 / 13 / 2015	
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought 13102.08		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	26204.16
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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JACQUELYN JAMES

[Electronically Filed]

Signature

Date

01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 82 OF 98
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I		FEC IDENTIFICATION NUMBER ▼ C C00575373
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee RIGEL STRATEGIES LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2015
Mailing Address 3948 LEGACY DRIVE STE 106-282		Amount 13102.08
City PLANO	State TX	Zip Code 75023
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE.4259 Date of Disbursement or Obligation MM / DD / YYYY 10 / 13 / 2015
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		Office Sought: <input checked="" type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NJ
Calendar Year-To-Date Per Election for Office Sought 13102.08		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee RIGEL STRATEGIES LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2015
Mailing Address 3948 LEGACY DRIVE STE 106-282		Amount 13102.08
City PLANO	State TX	Zip Code 75023
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE.4261 Date of Disbursement or Obligation MM / DD / YYYY 10 / 13 / 2015
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NM
Calendar Year-To-Date Per Election for Office Sought 13102.08		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	26204.16
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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JACQUELYN JAMES

[Electronically Filed]

Signature

Date

MM / DD / YYYY
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 83 OF 98
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I		FEC IDENTIFICATION NUMBER ▼ C C00575373
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee RIGEL STRATEGIES LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2015
Mailing Address 3948 LEGACY DRIVE STE 106-282		Amount 13102.08
City PLANO	State TX	Zip Code 75023
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE.4263 Date of Disbursement or Obligation MM / DD / YYYY 10 / 13 / 2015
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		Office Sought: <input checked="" type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NY
Calendar Year-To-Date Per Election for Office Sought 13102.08		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee RIGEL STRATEGIES LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2015
Mailing Address 3948 LEGACY DRIVE STE 106-282		Amount 13102.08
City PLANO	State TX	Zip Code 75023
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE.4265 Date of Disbursement or Obligation MM / DD / YYYY 10 / 13 / 2015
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 13102.08		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	26204.16
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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JACQUELYN JAMES

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Signature

Date

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01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 84 OF 98
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I		FEC IDENTIFICATION NUMBER ▼ C C00575373
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee RIGEL STRATEGIES LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2015
Mailing Address 3948 LEGACY DRIVE STE 106-282		Amount 13102.08
City PLANO	State TX	Zip Code 75023
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE.4267 Date of Disbursement or Obligation MM / DD / YYYY 10 / 13 / 2015
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		Office Sought: <input checked="" type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ND
Calendar Year-To-Date Per Election for Office Sought 13102.08		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee RIGEL STRATEGIES LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2015
Mailing Address 3948 LEGACY DRIVE STE 106-282		Amount 13102.08
City PLANO	State TX	Zip Code 75023
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE.4269 Date of Disbursement or Obligation MM / DD / YYYY 10 / 13 / 2015
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought 13102.08		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	26204.16
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....▶	

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JACQUELYN JAMES

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Signature

Date

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01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 85 OF 98
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I		FEC IDENTIFICATION NUMBER ▼ C C00575373	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee RIGEL STRATEGIES LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2015	
Mailing Address 3948 LEGACY DRIVE STE 106-282		Amount 13102.08	
City PLANO	State TX	Zip Code 75023	Transaction ID : SE.4271
Purpose of Expenditure MEDIA		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 13 / 2015
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OK</u>
Calendar Year-To-Date Per Election for Office Sought		13102.08	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee RIGEL STRATEGIES LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2015	
Mailing Address 3948 LEGACY DRIVE STE 106-282		Amount 13102.08	
City PLANO	State TX	Zip Code 75023	Transaction ID : SE.4273
Purpose of Expenditure MEDIA		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 13 / 2015
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OR</u>
Calendar Year-To-Date Per Election for Office Sought		13102.08	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		26204.16	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
JACQUELYN JAMES		[Electronically Filed]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 01 / 31 / 2016	

SCHEDULE E (FEC Form 3X)
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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I		FEC IDENTIFICATION NUMBER ▼ C C00575373	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee RIGEL STRATEGIES LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2015	
Mailing Address 3948 LEGACY DRIVE STE 106-282		Amount 13102.08	
City PLANO	State TX	Zip Code 75023	Transaction ID : SE.4275
Purpose of Expenditure MEDIA	Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 13 / 2015	
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>PA</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee RIGEL STRATEGIES LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2015	
Mailing Address 3948 LEGACY DRIVE STE 106-282		Amount 13102.08	
City PLANO	State TX	Zip Code 75023	Transaction ID : SE.4277
Purpose of Expenditure MEDIA	Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 13 / 2015	
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>RI</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		26204.16	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
JACQUELYN JAMES		[Electronically Filed]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 01 / 31 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 87 OF 98
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I		FEC IDENTIFICATION NUMBER ▼ C C00575373	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee RIGEL STRATEGIES LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2015	
Mailing Address 3948 LEGACY DRIVE STE 106-282		Amount 13102.08	
City PLANO	State TX	Zip Code 75023	Transaction ID : SE.4279
Purpose of Expenditure MEDIA	Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 13 / 2015	
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>SC</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
54316.08			
Full Name of Payee RIGEL STRATEGIES LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2015	
Mailing Address 3948 LEGACY DRIVE STE 106-282		Amount 13102.08	
City PLANO	State TX	Zip Code 75023	Transaction ID : SE.4282
Purpose of Expenditure MEDIA	Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 13 / 2015	
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>SD</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
13102.08			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		26204.16	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
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JACQUELYN JAMES		[Electronically Filed]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 01 / 31 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 88 OF 98
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NAME OF COMMITTEE (In Full) KEEP THE PROMISE I		FEC IDENTIFICATION NUMBER ▼ C C00575373
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee RIGEL STRATEGIES LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2015
Mailing Address 3948 LEGACY DRIVE STE 106-282		Amount 13102.08
City PLANO	State TX	Zip Code 75023
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE.4284 Date of Disbursement or Obligation MM / DD / YYYY 10 / 13 / 2015
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		Office Sought: <input checked="" type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: TN
Calendar Year-To-Date Per Election for Office Sought 13102.08		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee RIGEL STRATEGIES LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2015
Mailing Address 3948 LEGACY DRIVE STE 106-282		Amount 13102.08
City PLANO	State TX	Zip Code 75023
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE.4286 Date of Disbursement or Obligation MM / DD / YYYY 10 / 13 / 2015
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought 13102.08		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	26204.16
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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JACQUELYN JAMES

[Electronically Filed]

Signature

Date

MM / DD / YYYY
01 / 31 / 2016

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 89 OF 98
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NAME OF COMMITTEE (In Full) KEEP THE PROMISE I		FEC IDENTIFICATION NUMBER ▼ C C00575373	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee RIGEL STRATEGIES LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2015	
Mailing Address 3948 LEGACY DRIVE STE 106-282		Amount 13102.08	
City PLANO	State TX	Zip Code 75023	Transaction ID : SE.4288
Purpose of Expenditure MEDIA		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 13 / 2015
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: UT
Calendar Year-To-Date Per Election for Office Sought		13102.08	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee RIGEL STRATEGIES LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2015	
Mailing Address 3948 LEGACY DRIVE STE 106-282		Amount 13102.08	
City PLANO	State TX	Zip Code 75023	Transaction ID : SE.4290
Purpose of Expenditure MEDIA		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 13 / 2015
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: VT
Calendar Year-To-Date Per Election for Office Sought		13102.08	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		26204.16	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
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Signature JACQUELYN JAMES		Date MM / DD / YYYY 01 / 31 / 2016	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 90 OF 98
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NAME OF COMMITTEE (In Full) KEEP THE PROMISE I		FEC IDENTIFICATION NUMBER ▼ C C00575373
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee RIGEL STRATEGIES LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2015
Mailing Address 3948 LEGACY DRIVE STE 106-282		Amount 13102.08
City PLANO	State TX	Zip Code 75023
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE.4292 Date of Disbursement or Obligation MM / DD / YYYY 10 / 13 / 2015
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		Office Sought: <input checked="" type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: VA
Calendar Year-To-Date Per Election for Office Sought 13102.08		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee RIGEL STRATEGIES LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2015
Mailing Address 3948 LEGACY DRIVE STE 106-282		Amount 13102.08
City PLANO	State TX	Zip Code 75023
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE.4294 Date of Disbursement or Obligation MM / DD / YYYY 10 / 13 / 2015
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WA
Calendar Year-To-Date Per Election for Office Sought 13102.08		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	26204.16
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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JACQUELYN JAMES

[Electronically Filed]

Signature

Date

MM / DD / YYYY
01 / 31 / 2016

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 91 OF 98
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I		FEC IDENTIFICATION NUMBER ▼ C C00575373
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee RIGEL STRATEGIES LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2015
Mailing Address 3948 LEGACY DRIVE STE 106-282		Amount 13102.08
City PLANO	State TX	Zip Code 75023
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE.4296 Date of Disbursement or Obligation MM / DD / YYYY 10 / 13 / 2015
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		Office Sought: <input checked="" type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WV
Calendar Year-To-Date Per Election for Office Sought 13102.08		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee RIGEL STRATEGIES LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2015
Mailing Address 3948 LEGACY DRIVE STE 106-282		Amount 13102.08
City PLANO	State TX	Zip Code 75023
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE.4298 Date of Disbursement or Obligation MM / DD / YYYY 10 / 13 / 2015
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WI
Calendar Year-To-Date Per Election for Office Sought 13102.08		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	26204.16
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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JACQUELYN JAMES

[Electronically Filed]

Signature

Date

MM / DD / YYYY
01 / 31 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 92 OF 98
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I		FEC IDENTIFICATION NUMBER ▼ C C00575373
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee RIGEL STRATEGIES LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2015
Mailing Address 3948 LEGACY DRIVE STE 106-282		Amount 13102.00
City PLANO	State TX	Zip Code 75023
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE.4300 Date of Disbursement or Obligation MM / DD / YYYY 10 / 13 / 2015
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		Office Sought: <input checked="" type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WY
Calendar Year-To-Date Per Election for Office Sought 13102.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee RIGEL STRATEGIES LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 04 / 2016
Mailing Address 3948 LEGACY DRIVE STE 106-282		Amount 23030.00
City PLANO	State TX	Zip Code 75023
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE.4362 Date of Disbursement or Obligation MM / DD / YYYY 11 / 24 / 2015
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 96741.12		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	36132.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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JACQUELYN JAMES

[Electronically Filed]

Signature

Date

MM / DD / YYYY
01 / 31 / 2016

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SE

Transaction ID : SE.4300

The committee is reporting national radio media buys during the Primary election time period by assigning a consistent percentage of the cost of the buy to each of the 50 states and the District of Columbia because we believe Senator Cruz will be participating in the Primary process throughout the year. The advertisements on national media outlets are not state specific but apply equally in all states.

Form/Schedule:

Transaction ID:

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00575373 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee RIGEL STRATEGIES LLC		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 01 / 04 / 2016</div> </div>	
Mailing Address 3948 LEGACY DRIVE STE 106-282		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">23030.00</div>	
City PLANO	State TX	Zip Code 75023	Transaction ID : SE.4363 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 11 / 24 / 2015</div> </div>
Purpose of Expenditure MEDIA		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">77346.08</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee RIGEL STRATEGIES LLC		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 01 / 04 / 2016</div> </div>	
Mailing Address 3948 LEGACY DRIVE STE 106-282		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">23030.00</div>	
City PLANO	State TX	Zip Code 75023	Transaction ID : SE.4364 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 11 / 24 / 2015</div> </div>
Purpose of Expenditure MEDIA		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">36132.08</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">46060.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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JACQUELYN JAMES

[Electronically Filed]

Date

 MM / DD / YYYY
 01 / 31 / 2016

Signature

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 95 OF 98
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I		FEC IDENTIFICATION NUMBER ▼ C C00575373
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee RIGEL STRATEGIES LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 04 / 2016
Mailing Address 3948 LEGACY DRIVE STE 106-282		Amount 23030.00
City PLANO	State TX	Zip Code 75023
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE.4365 Date of Disbursement or Obligation MM / DD / YYYY 11 / 24 / 2015
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		Office Sought: <input checked="" type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 36132.08		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee SMART SET MEDIA		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2015
Mailing Address PO BOX 73011		Amount 26000.00
City N. CHESTERFIELD	State VA	Zip Code 23235
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE.4164 Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2015
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 153160.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	49030.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

JACQUELYN JAMES

[Electronically Filed]

Date

MM / DD / YYYY
01 / 31 / 2016

Signature

: 97 'A-G79 @G B9CI G'H9LH'F9 @G H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB
.

Form/Schedule: SE

Transaction ID : SE.4164

The independent expenditures reported represent national media/advertising purchases and are not related to a particular state primary election. Accordingly, and after discussion with the Reports Analysis Division, the committee has indicated the non state specific nature of the expenditures by marking the 'General' box on the reporting form.

Form/Schedule:

Transaction ID:

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 97 OF 98
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) KEEP THE PROMISE I		FEC IDENTIFICATION NUMBER ▼ C C00575373
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee THE LUKENS COMPANY		Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 07 / 2015
Mailing Address 2800 SHIRLINGTON ROAD 9TH FLOOR		Amount 27927.00
City ARLINGTON	State VA	Zip Code 22206
Purpose of Expenditure DIRECT MAIL EXPENSE	Category/Type	Transaction ID : SE.4310 Date of Disbursement or Obligation MM / DD / YYYY 12 / 02 / 2015
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		Office Sought: <input checked="" type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 124668.12		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee THE LUKENS COMPANY		Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 07 / 2015
Mailing Address 2800 SHIRLINGTON ROAD 9TH FLOOR		Amount 68373.00
City ARLINGTON	State VA	Zip Code 22206
Purpose of Expenditure DIRECT MAIL EXPENSE	Category/Type	Transaction ID : SE.4312 Date of Disbursement or Obligation MM / DD / YYYY 12 / 02 / 2015
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought 145719.08		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	96300.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

JACQUELYN JAMES

[Electronically Filed]

Signature

Date

MM / DD / YYYY
01 / 31 / 2016

Full Name of Payee THE MONACO GROUP		Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 07 / 2015	
Mailing Address 1011 S. LINWOOD AVENUE		Amount 92300.00	
City SANTA ANA	State CA	Zip Code 92705	Transaction ID : SE.4317
Purpose of Expenditure DIRECT MAIL EXPENSE	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 12 / 02 / 2015	
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> House <input type="checkbox"/> Senate	District: 00 State: SC
Calendar Year-To-Date Per Election for Office Sought	238019.08		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	130000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	1807023.46

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature